

SUCCESS STORY

Lutheran Social Services Implements Resources & Education for Adolescents Choosing Healthy Behaviors (REACH) Program

Challenge

South Dakota (SD) teen birth rates and STD rates pose an alarming trend among SD adolescents. In 2019, the SD teen birth rate among females ages 15-19 years was 19.2 (births per 1,000 females), which is higher than the national teen birth rate of 16.7 (births per 1,000 women).^{1,2} Additionally, sexually transmitted diseases (STDs) are on the rise in SD. Gonorrhea has risen to a rate of 367.6 (per 100,000), chlamydia to 550.2 (per 100,000), and syphilis is at 75.6 (per 100,000).³ To address the apparent need for better and accessible education on sexual health and prevention, Lutheran Social Services (LSS) partnered with the SD DOH to implement relevant programming for vulnerable youth, adolescents, and families in SD.

Solution

LSS first received funding to implement prevention programming 10 years ago with the Personal Responsibility Education Program (PREP) grant offered through the SD DOH Office of Child and Family Services (OCFS). As additional funding became available through the Title V Sexual Risk Avoidance Education (SRAE) grant and General Department (GD) SRAE grant, LSS created the Resources & Education for Adolescents Choosing Healthy Behaviors (REACH) program.



REACH targets youth 10-19 years of age considered to be "at-risk" using evidence-based curriculums designed to reduce adolescent risk behaviors. Adolescents are taught abstinence and contraception, along with how both methods can prevent pregnancy and sexually transmitted infections. Additionally, adolescents learn skills to stand up to peer pressure and say no to risky behaviors.⁴

The program worked to partner with multiple agencies who serve at-risk adolescents. Originally, REACH leaders targeted residential treatment settings to implement the program. Over time, other settings such as juvenile detention centers were included through outreach efforts by LSS. Most recently, LSS has worked with interested schools in SD identified through local community health nurses to start REACH programming.

Summary

Five main evidence based curriculums are offered as part of REACH, including Making a Difference (MAD), Making Proud Choices (MPC), Sexual Health & Adolescent Risk Prevention (SHARP), Motivating Adolescents to Reduce Sexual Risk (MARS), and Families Talking Together (FTT). REACH coordinators choose which curriculum to implement at each site based on content and intended target audience

REACH coordinators can teach or facilitate the curriculum. However, LSS also provides Training of the Facilitators instruction to enable others to teach curriculum including community health nurses, school counselors, teachers, local youth and family services staff, among others interested in implementing. Any time a facilitator starts a class, the individual informs LSS leaders of the initiation to maintain communication and ensure fidelity occurs with the program. Grant required logs, surveys, and forms are completed under the direction of the facilitator, with LSS leaders double-checking completion throughout the process.

Outcomes

Many positive outcomes reflect the impact of REACH. The number of facilitators, adolescent participants served, and partner sites have grown significantly since the start of the program. More than 200 facilitators have been trained over 10 years, and over 1,050 adolescents have started classes within REACH. Currently, LSS partners with 30 sites to implement REACH programming. The high number of partner sites reflects the satisfaction of partners and the understanding of the need for this education. LSS coordinators also receive feedback that sites are passionate and enthusiastic about implementing REACH. Although a newer addition, the community health nurses working in schools to teach REACH curriculum expressed excitement over talking with students about the topics covered.

Observations of REACH participants made by facilitators emphasize the importance and effectiveness of the education provided. Facilitators note adolescents enjoy the interactive components of the program, and actively participate throughout the allotted class time. Another important factor facilitators see involves adolescents anonymously asking questions at the end of classes. The questions asked demonstrate participants are engaged in the learning and speaks to the need for the education. REACH participants complete a survey at the beginning and end of a program. These surveys provide data for program leaders indicating a gain of knowledge among adolescents.

Facilitators appreciate the supplemental education and training LSS offers. Topic areas for supplemental education include working with LGBTQ youth, affirmative consent, and reproductive health basics. LSS receives requests on occasion for supplemental education offering, and recently completed a successful Freshman Impact event on affirmative consent.

Lessons Learned

Along with the success of LSS growing and implementing REACH as part of the SD DOH Healthy Relationships programming, challenges arise. LSS coordinators note barriers such as staff turnover, time allowed at facilities to implement education, and community response. Although buy-in is good from partnering facilities where REACH is currently implemented, staff turnover at the partner facilities poses a challenge. LSS coordinators train staff at partner facilities to implement the education, but at times the staff may leave soon after and do not conduct any REACH programming. To temporarily address the issue, LSS coordinators are currently the main individuals facilitating most education implementation. However, maintaining REACH implementation with only LSS facilitators is not feasible. Training facilitators at partner sites to implement REACH will allow the program to meet the needs of SD adolescents through a network of engaged and willing partner sites. LSS learned to choose which curriculum is used based on the time allotted by facilities and the population of targeted adolescents. Choosing shorter and the most relevant curriculums to the targeted adolescent population is crucial in providing effective education. Community response to education events is currently lacking. LSS staff are looking into ways to better appeal to community members to engage in community education events offered through REACH.

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